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## \*BIBDATASHEET\*

CONFIRMATION NO. 8345

Bib Data Sheet

|                             |                                       |              |                        |                                       |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------------|
| SERIAL NUMBER<br>10/722,683 | FILING DATE<br>11/24/2003<br><br>RULE | CLASS<br>283 | GROUP ART UNIT<br>3722 | ATTORNEY<br>DOCKET NO.<br>53248/43343 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------------|

## APPLICANTS

James M. Riley, St. Louis, MO;

\*\* CONTINUING DATA \*\*\*\*\* *me*

This application is a CON of 09/897,759 06/29/2001 PAT 6,685,228

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *me*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 02/26/2004

|  |  |                           |                        |                       |                            |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br><i>Monica S. Carter</i><br>Examiner's Signature Initials | STATE OR<br>COUNTRY<br>MO | SHEETS<br>DRAWING<br>8 | TOTAL<br>CLAIMS<br>50 | INDEPENDENT<br>CLAIMS<br>7 |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|

## ADDRESS

21888  
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## TITLE

Self-laminating strip label and method for assembling same

|                                    |   |   |
|------------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>1884 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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